DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE:

83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	49.5	lb/d	*****	13.6	15	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	217.4	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	****	*****	*****	7.15	*****	7.4	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	53.3	69.1	lb/d	*****	17.8	23	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	126	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	25.3	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

		Il certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
	Tim Grocoti, operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		04/03/2014
į	TYPED OR PRINTED	i candida	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

03/31/2014

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.233	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	30.2	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.95	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	3.71764	33	#/100mL	5	Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL	5	Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4338	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the

system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significar

penalties for submitting false information, including the possibility of fine and imprisonment for knowing

03/01/2014

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tim Closson/ Operations Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

DATE

04/03/2014

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

	DRING PERIOD				
PERMIT NUMBER	DISCHARGE NUMBER				
ID0021229	001-A				

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 03/01/2014
 03/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	86	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	DATE	
Tim Giococia oporazione manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	04/03/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

04/30/2014

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DMR Mailing ZIP CODE: 83840 MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36.2	47.6	lb/d	*****	14.8	17.3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	270.8	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.25	****	7.4	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	28.8	36.2	lb/d	*****	11.8	14	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	191	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	19.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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penalties for submitting false information, including the possibility of fine and imprisonment for knowing

04/01/2014

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tim Closson/ Operations Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(208)263-0229

AREA Code

DATE

05/07/2014

MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

04/30/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.25	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.154	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.4	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	3.54	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4566	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

04/01/2014

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Tim Globberty operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	05/07/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 04/01/2014
 04/30/2014

DMR Mailing ZIP CODE: 83840 MINOR (SUBR 01)

(SUBR 01)
WASTEWATER TO BOYER SLOUGH
External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	95	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.2	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.3	39.9	lb/d	*****	14.8	17.1	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	243	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.7	19.5	lb/d	*****	7.3	9	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	182.5	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	16	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
rim Glocoli, Gporatione manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	06/04/2014
TYPED OR PRINTED	- rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: KOOTENAI-PONDERAY SEWER DISTRICT

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

05/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.697	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	.236	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19.4	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	3.22	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4218	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

05/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that	Tanner Weisgram	TELEP	HONE	DATE
Timi Globbert Operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	06/04/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

PERMIT NUMBER	DISCHARGE NUMBER
ID0021229	001-A

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 05/01/2014
 05/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	QUALITY OR CONCENTRATION				''•'	FREQUENCY	. 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
Tim Globberty operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	06/04/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

| ID0021229 001-A | DISCHARGE NUMBER | MONITORING PERIOD | MM/DD/YYYY | MM/DD/YYYY

06/30/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	18.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.6	16.9	lb/d	*****	9.9	11.9	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	****	365.5	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	*****	7	*****	7.25	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	19.5	20.6	lb/d	*****	13	13	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	252	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

06/01/2014

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Time of coording of portain of the manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	07/07/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

06/30/2014

DMR Mailing ZIP CODE: 83840 MINOR

(SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.04	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	.0144	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.4	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.15	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.34	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

06/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
Tim Globboth operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		07/07/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-P(

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

MONITORING PERIOD									
PERMIT NUMBER	DISCHARGE NUMBER								
ID0021229	001-A								

MONITORING PERIOD

MM/DD/YYYY MM/DD

MM/DD/YYYY 06/30/2014 DMR Mailing ZIP CODE:

83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD

06/01/2014

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Tim Globberty operations manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229	07/07/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A							
PERMIT NUMBER	NUMBER DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

07/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.9	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.7	11.7	lb/d	*****	10	10	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	300	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7	*****	7.25	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.8	12.8	lb/d	*****	11	11	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	176	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.199	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

07/01/2014

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Tanner Weisgram	TELEP	HONE	DATE
ramor wologram, operations manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		08/07/2014
TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

07/01/2014

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A							
PERMIT NUMBER	UMBER DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

MM/DD/YYYY 07/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.16	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.5	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.24	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.89	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3.16	5	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2624	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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Tanner Weisgram/ Operations Manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	08/07/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

MONITORING REDIOD									
PERMIT NUMBER	DISCHARGE NUMBER								
ID0021229	001-A								

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

DMR Mailing ZIP CODE: 83840 MINOR (SUBR 01) WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.	•	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	*****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	94	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEP	DATE	
Tamior trologiams operations manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		08/07/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

08/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	22.3	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.5	28.6	lb/d	*****	13.2	20.2	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	394.5	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	****	****	*****	7.1	*****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	13.2	18.4	lb/d	*****	9.5	13	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	238.5	*****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

08/01/2014

NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Tanner Weisgram	TELEP	DATE	
Tanner Weisgram/ Oper	rations Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	09/05/2014	
TYPED OR PRI	INTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-PO

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

| ID0021229 001-A | DISCHARGE NUMBER | | MONITORING PERIOD | | MM/DD/YYYY | MM/DD/YYYY

08/31/2014

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	С	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.83	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.64	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.74	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	7.06	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.71442	5	#/100mL		5 Times Every Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3893	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

08/01/2014

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Tamior trologiams operations manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	09/05/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ID0021229	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 08/01/2014
 08/31/2014

DMR Mailing ZIP CODE: 83840 MINOR

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			q	UALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	97	****	*****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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Tanner Weisgram/ Operations Manager	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	09/05/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY